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## FACSIMILE TRANSMITTAL

## TO:

Name: Mail Stop RCE  
Art Unit 3726/Examiner Stephen Kenny

Firm: U.S. Patent &amp; Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/808,852  
Gary K. Michelson

Filed: March 25, 2004

METHOD FOR FORMING AN ORTHOPEDIC  
IMPLANT SURFACE CONFIGURATION

Attorney Docket No. 101.0094-02000

Customer No. 22882

Confirmation No.: 6676

## FROM:

Name: Amedeo F. Ferraro

Phone No.: 310-286-9800

No. of Pages (including this): 28

Date: October 14, 2005

Confirmation Copy to Follow: NO

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## Message:

## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$790.00 total amount to cover the RCE fee is to be charged to Deposit Account No. 50-1068), Request for Continued Examination (RCE), Amendment, and Information Disclosure Statement with Form PTO-1449 and two documents are being facsimile transmitted to the U.S. Patent and Trademark Office on October 14, 2005.

  
Sandra L. Blackmon

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FORM PTO-1083

RECEIVED  
 Attorney Docket No. 1010094-02000  
 Customer No. 22882  
 OCT 14 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/808,852

Filed: March 25, 2004

For: METHOD FOR FORMING AN ORTHOPEDIC  
IMPLANT SURFACE CONFIGURATION

Confirmation No.: 6676

Art Unit: 3726

Examiner: Stephen Kenny

Mail Stop RCE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Continued Examination (RCE) in the above-identified application.

- ☐ No additional fee is required.
- ☐ Applicant hereby requests a \*\*\*-month extension of time to respond to the above office action.
- ☒ An Amendment is enclosed.
- ☒ An Information Disclosure Statement and Form PTO-1449 with two documents are enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	29	-	29	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$790.00 to cover the RCE fee is to be charged to Deposit Account No. 50-1068.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 MARTIN & FERRARO, LLP

Date: October 14, 2005

By: /AMEDEO F. FERRARO/  
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